

# St Paul's Lutheran Church

15773 Dover Rd · Upperco, MD 21155  
410-239-3456 · www.StPaulsUpperco.org



## 2019 – 20 Sunday School (September – May)

You do *not* have to be a member of St Paul's Church to join us at Sunday School!

Parent/Guardian 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First, Last) OK to Text? Y / N  
Email Address \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First, Last) OK to Text? Y / N  
Email Address \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_

List family or friends at St Paul's. If none, how did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

**\*Two Emergency Contacts**

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Child's Name (First, Last)	Birthdate	2019-20 School Grade	- Allergies - Medical Info - Additional Info

**Photo Release** I understand that photographs may be taken of my family at St Paul's Church (SPC) events, including Sunday School. I authorize SPC, its assigns and transferees to copyright, use and publish in print and/or electronically. I agree that SPC may use such photographs with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and website content.

**Liability Release** I understand that my child(ren) may be exposed to risk of injury in connection with participation in the SS Program. I understand that my child(ren) may become ill or have a medical emergency during the SS Program. I hereby release and agree to indemnify and hold harmless St. Paul's Lutheran Church, its Congregation Council, pastors, officers, agents, servants, employees, adult youth advisors, and parental chaperones from any and all liability for any injury or illness which may occur to my child(ren) and for any damages that may be sustained by my child(ren) in connection with participation in the SS Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT VOLUNTEER - I am willing to help in the following area(s): Class Helper \_\_\_\_\_ Snack Helper \_\_\_\_\_  
Help w/ Special Activities \_\_\_\_\_ Substitute Teacher \_\_\_\_\_ Other (specify) \_\_\_\_\_